ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION				
O.I.P.E. CLASSIFIER		8	6-11-01	
FORMALITY REVIEW	BZ	TC 3 - 883	37-26-01	
RESPONSE FORMALITY REVIEW	/cc	911	10-3-07	
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INDEX OF CLAIMS

Rejected	NNon-elected
= Allowed	I Interference
 (Through numeral) Canceled 	A Appeal
÷ Restricted	O Objected

Claim Date	Ctalm	Date	Claim	Date
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13	64	╶╏╺╏ ╌╂┈╂ ┈╏ ╌╂┈╂╾╂┈	114	╸ ┼╶┼╌┼╌┼╌┼╌┼╌
14		▗ ┋ ╸╏ ╶╂┈╂┈╂┉╂┈╂┈	115	╶╎╸╏╸╿╸╏╸┞╸╏╺ ╋╼
15	65	╶╏═╏┈╏ ╾╂╾╂╾		╶╎┈╎┈╎┈┞┈╎┈┞╸
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32	82		132	╶┧╶╏╶╏╸╏╸╏╸╏
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If more than 150 claims or 10 actions staple additional sheet here

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